

WRITE PLAIN. IN UNFADING INK—THIS IS A PERMANENT RECORD
ARGIN RESERVED FOR BINDING
In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number or, such in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 145
Registered No. 46

1. PLACE OF BIRTH

County Gila State _____

District or Township _____ or Village _____

City Hayden No. _____ St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Daniel Graham (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth Aug 5 1926 Month Day Year

8. FATHER Full name Edward Graham 14. MOTHER Full maiden name Cara Klein

9. Residence (Usual place of abode) Hayden 15. Residence (Usual place of abode) Hayden
If non-resident, give place and state. If non-resident, give place and state.

10. Color or race White 16. Color or race White
11. Age at last birthday 57 (Years) 17. Age at last birthday 39 (Years)

12. Birthplace (city or place) Utica 18. Birthplace (city or place) Westland Indiana
(State or country) (State or country) Ohio

13. Occupation Pool Hall Operator 19. Occupation House Wife
Nature of Industry Nature of Industry

20. Number of children of this mother 6 (a) Born alive and now living 4
(b) Born alive but now dead 2
(c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ on the date above stated

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Charles R. Hunsbald (Physician or midwife)

Given name added from a supplemental report _____ Address Hayden Ariz
Month, day, year

Filed Aug 6 1926 W.B.F. Fisher Registrar

Registrar

474-805-385